



Complete Summary

TITLE

Health plan members' experiences: percentage of adult health plan members who reported how often their health plans handled their claims quickly and correctly.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 3, Specifications for Survey Measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 98 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

The CAHPS Health Plan Survey 4.0H, Adult Version provides information on the experiences of commercial and Medicaid members with the health plan and gives a general indication of how well the health plan meets members' expectations. Results summarize member satisfaction through ratings, composites and question summary rates.

Seven composite scores summarize responses in key areas.

1. Claims Processing (commercial only)

2. Customer Service
3. Getting Care Quickly
4. Getting Needed Care
5. How Well Doctors Communicate
6. Shared Decision Making
7. Plan Information on Costs (commercial only)

For this "Claims Processing" measure, members indicate how often ("Never," "Sometimes," "Usually," "Always," or "Don't know") their health plan handled their claims quickly and correctly. The "Claims Processing" composite measure is based on two questions in the CAHPS 4.0H Adult Questionnaire.

RATIONALE

NCQA's Committee on Performance Measurement has long felt that consumer experience with health care is a critical component of quality of care and is itself an outcome of care.

PRIMARY CLINICAL COMPONENT

Health plan; members' experiences; claims processing

DENOMINATOR DESCRIPTION

Commercial health plan members 18 years and older who answered the "Claims Processing" questions on the CAHPS 4.0H Adult Questionnaire (see the "Description of Case Finding" and "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

The number of "Never," "Sometimes," "Usually," "Always," and "Don't Know" responses on the "Claims Processing" questions (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

End of Life Care
Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Patient-centeredness
Timeliness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Commercial health plan members age 18 years and older as of December 31st of the measurement year, who have been continuously enrolled in the health plan during the measurement year with no more than one gap in enrollment of up to 45 days during the measurement year and who were enrolled at the time the survey was completed

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Commercial health plan members 18 years and older who answered the "Claims Processing" questions on the CAHPS 4.0H Adult Questionnaire. Include nonresponses*.

*Nonresponses:

- Refusal
- After maximum attempts
- Bad addresses
- Bad addresses and nonworking/unlisted phone number or member is unknown at the dialed phone number

Exclusions

- Deceased
- Does not meet *eligible population* criteria (see "Description of Case Finding" field)
- Language barrier
- Mentally or physically incapacitated
- Members who select "Don't Know" are not included in the denominator calculation

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Provider Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

The number of "Never," "Sometimes," "Usually," "Always," and "Don't Know" responses on the "Claims Processing" questions

From the responses, a composite mean and variance score are calculated. A higher composite mean is associated with better quality. Additionally, composite global proportions and variances are calculated as well as item-specific question summary rates for each composite question.

Note: A questionnaire must have the final disposition code of *Complete and Valid* survey for inclusion in the survey results calculations.

Refer to the original measure documentation for details.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Patient survey

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Non-weighted Score/Composite/Scale

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Claims processing.

MEASURE COLLECTION

[HEDIS® 2009: Healthcare Effectiveness Data and Information Set](#)

MEASURE SET NAME

[Satisfaction with the Experience of Care](#)

MEASURE SUBSET NAME

[CAHPS Health Plan Survey 4.0H, Adult Version](#)

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

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ENDORSER

National Quality Forum

ADAPTATION

Measure was adapted from another source.

PARENT MEASURE

CAHPS 4.0 Health Plan Survey (Adult Questionnaire)

RELEASE DATE

2004 Jan

REVISION DATE

2008 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2008: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2007 Jul. various p.

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MEASURE AVAILABILITY

The individual measure, "Claims Processing," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on March 28, 2007. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on March 17, 2008. The information was verified by the measure developer on April 24, 2008. This NQMC summary was updated again by ECRI Institute on February 6, 2009. The information was verified by the measure developer on May 12, 2009.

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